

10/568417

IAP20 Rec'd PCW/TD 14 FEB 2006

APPLICATION DATA SHEET

Application Information

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|---------------------------------|----------------|---------|-----|
| Application Type: | National Phase | | |
| Subject Matter: | Utility | | |
| Suggested Classification: | | | |
| Suggested Group Art Unit: | | | |
| CD-ROM or CD-R?: | None | | |
| Number of CD disks: | | | |
| Number of copies of CDs: | | | |
| Sequence submission?: | | | |
| Computer Readable Form (CRF): | | | |
| Number of copies of CRF: | | | |
| Title: | PHARMACEUTICAL | PRODUCT | FOR |
| | INJECTION | | |
| Attorney Docket Number: | 27193U | | |
| Request for Early Publication?: | No | | |
| Request for Non-Publication?: | No | | |
| Suggest Drawing Figure: | | | |
| Total Drawing Sheets: | 2 | | |
| Small Entity?: | No | | |
| Latin name: | | | |
| Variety denomination name: | | | |
| Petition included?: | No | | |
| Petition Type: | | | |
| Licensed U.S. Govt. Agency: | | | |
| Contract or Grant Numbers: | | | |
| Secrecy Order in Parent Appl.?: | | | |

Applicant Information

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|------------------------------|---------------|
| Applicant Authority type: | Inventor |
| Primary Citizenship Country: | DE |
| Status: | Full Capacity |
| Given Name: | Rita |

Middle Name:
Family Name: LIPPERT
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Kindlebildstr. 30,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Rudolf
Middle Name:
Family Name: LINDER
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Lindauer Str. 40,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Representative Information

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| Representative Customer Number: | 034375 |
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Foreign Priority Information

| Application: | Continuity Type: | Parent Application: | Parent Filing Date: |
|--------------|------------------|---------------------|---------------------|
| | | | |
| | | | |

Domestic Priority Information

| Country: | Application number: | Filing Date: | Priority Claimed: |
|----------|---------------------|--------------------------------|-------------------|
| US | 60/496,715 | 21 August 2003 (21.08.2003) | Yes |
| | | | |

Assignee Information

Assignee name: Altana Pharma AG
Street of mailing address: Byk-Gulden-Str. 2
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467